DEPARTMENT OF HEALTH SERVICES

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November 20, 1989 CMSP Letter 89-5

TO: CMSP County Welfare Directors

SUBJECT: Program Changes

This letter transmits information about County Medical Services Program (CMSP) changes made possible by Assembly Bill 75 (Tobacco Tax Initiative implementing legislation). The changes (benefits enhancements, eligibility expansion, and creation of an out of county care module) are effective January 1, 1990 and are described below.

Benefits Enhancements

Existing CMSP benefits will be expanded to include: full scope Medi-Cal level dental benefits; acute inpatient rehabilitation services; outpatient occupational therapy; speech pathology; audiology, hearing aids; optometric services; and eye appliances. Claims may be submitted for these services when provided on or after January 1, 1990. A stuffer notice (Attachment 1) to current CMSP beneficiaries will be mailed with the December 1989 CMSP cards. Additionally, providers will be notified of these changes in a future provider bulletin. Camera ready copies of revised CMSP Information Notice No. 01 will be mailed to you under separate cover. Counties should continue to use existing CMSP card stock until revisions in process are completed.

Eliqibility Expansion

Effective January 1, 1990, persons for whom immigration status has not been satisfactorily established and who are otherwise eligible for CMSP will receive restricted "Emergency Services Only" CMSP benefits. In order to identify these individuals and track associated costs, the Department is redefining CMSP Aid Code 50 from "CMSP IRCA" to "CMSP UNDOS." Persons currently in Aid Code 50 (Attachment 2) must be converted into regular CMSP Aid Codes 84, 85, 88, or 89 between November 23, 1989 and December 22, 1989 through either EW20 or EW30 MEDS transactions. After December 22, 1989, any person left in Aid Code 50 will not receive a CMSP card for January 1990. Counties may input "new" limited scope CMSP Aid Code 50 eligibles (UNDOS) into MEDS commencing January 8, 1990, when the Aid Code input will be accepted. Hand typed cards for CMSP UNDOS must carry a restricted "Emergency Services Only" message. Providers serving

CMSP UNDOS January eligibles may bill for dates of service beginning January, 1, 1990.

Counties must use the following table to establish the appropriate regular CMSP Aid Code for current CMSP Aid Code 50 eligibles. The fields listed are from MEDS.

County ID Contains	Soc-Amt <u>Contains</u>	Orig-Aid Contains	Assign Aid Code
50	0	84, 88	84, 88
50	0	00	84
50	0	Blank	84
50	0	85, 89	84, 88
50	Any amount	85, 89	85, 89
50	Any amount	Blank	85
50	Any amount	00	85
50	0	Any Medi-Cal Aid Code	84
50	Any amount	Any Medi-Cal Aid Code	85

DHS will modify "MEDS history" on these individuals to conform to the conversion defaults listed above.

CMSP Contract and Funding Changes

The CMSP contract will be amended to provide increased eligibility determination funding to process this new workload. Counties will receive increases for anticipated new workload units at the standard cost per workload unit based on Medi-Cal OBRA data in CMSP counties. In order to track these workload units, DHS has modified the CMSP 237 (Attachment 3) to capture unique UNDOS data. Camera ready copies of the revised CMSP 237 will be mailed to you under separate cover.

Out of County Care Module

Effective January 1, 1990, the costs of emergency medical services provided to indigent persons not eligible for Medi-Cal who reside in a non-CMSP California county (i.e. MISP counties) may be eligible for reimbursement through the new Out of County Care Program (OCCP). Hospital providers will be responsible for the collection of eligibility information and submission of claims to the State.

DHS will confer special, restricted eligibility for individuals accessing this program and will process claims through the fiscal intermediary. County Welfare Departments will have no responsibilities for this module.

If you have any questions regarding this letter or the attachments, please contact Jim Martinez, Chief of the CMSP Unit or Albert Cooper of his staff at (916) 739-2900.

Sincerely,

Michael L. Rodrian, Chief County Medical Services Section

cc: CMSP Contact Persons

Jim Martinez OB8/523

Albert Cooper OB8/523

COUNTY MEDICAL SERVICES PROGRAM (CMSP) INFORMATION TO CMSP BENEFICIARIES

The recent passage of AB 75 (the Proposition 99, Tobacco Tax Initiative) provides significant increase in revenue to countries for health care. Many positive changes to the County Medical Services Program (CMSP) have been made possible. Effective January 1, 1990, there will be additional benefits available, as well as extended eligibility. Specific changes are in the areas of:

Benefits:

- Dental benefits will be expanded to equal the Medi-Cal scope of dental services (including routine examinations and restorative dental procedures).
- Acute inpatient rehabilitation services in an acute care hospital will be covered; this became effective October 2,1989.
- Outpatient rehabilitation services (including occupational therapy, speech pathology and audiology) will be covered.
- Podiatrists will be eligible to bill the Program and receive payment for claims approved through the Treatment Authorization Process.

Eligibility:

- If you are currently an eligible amnesty alien under CMSP with an aid code 50 (the aid code is identified by the 3rd and 4th digit of your ID number), your aid code will be changed to a regular CMSP aid code of 84, 85, 88 or 89. You will continue to receive the full scope of medical and dental benefits.
- CMSP applications will be accepted from county residents with undetermined citizenship status beginning in January 1990. Bigible persons in this status may receive medically necessary emergency services only.

If you have any questions concerning these changes, please contact your county eligibility worker.

No CMSP IRCA Eligibles Listed

CMSP Eligibles

CASELOAD MOVEMENT AND ACTIVITY REPORT

	(COUNTY MEDICAL SERVICES PROGRAM ONLY)				
	Send One Copy to:				
County Report Mor	1	County Health Services Department of Health S 714 P Street, Room 523 Sacramento, CA 9581	ervices		
	, 19	Attention: Genny Flemi (Telepho	ng ne: (916) 739-2900)		
INTAKE AN	D REDETERMINATION ACTIVITY				
1.	Pending applications on hand at beginning of month	1.			
2.	New applications, reapplications and restorations	2.			
3.	Total applications disposed of during month (a + b + c)	3.			
	a. Approvals a.				
	b. Denials b.				
	c. Withdrawals/Other c.				
4.	Pending applications carried forward to next month (1 \pm 2 \pm 3)	4.			
5.	Retroactive CMSP applications disposed of during month (a + b + c)	5.			
	a. Approvals a.				
	b. Denials b.				
	c. Withdrawals/Other c.				
6.	Annual redetermination of eligibility	6.			
7.	Total Intake and redetermination activity (3 + 5 + 6)	7.			
CONTINUIN	IG ACTIVITY				
8.	Continuing cases on hand at beginning of month	8.			
9.	Cases added during month (a + b)	9.			
	a. Cases added form intake (3a) a.				
	b. Other apporvals b.				
10.	Total continuing cases processed during month (8 + 9)	10.	· · · · · · · · · · · · · · · · · · ·		
11.	Cases discontinued during month	11.			
12.	Continuing cases carried forward to next month (10 - 11)	12.			
MIA/UNDO	S ACTIVITY ONLY (AID CODE 50)				
13.	Intake and redetermination activity (portion of line #7 that is UNDOS ONLY)	13.			
14.	Continuing cases processed during month (Portion of line #10 that is UNDOS ONLY)	14.			
County person to contact regarding this report					
Telephone			-]		
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^{*} This data will be used to compute total workload units, which are used as the basis for your CMSP eligibility allocation.